Amendments to the Claims

The following listing of claims will replace all prior versions, and listings, of claims in the application:

1. (Original) A method of treating primary cancer which comprises administering to a patient in need of such treatment a therapeutically effective amount of a topoisomerase inhibitor, or a pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, and a therapeutically effective amount of thalidomide, or a pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof.

2. (Original) A method of treating metastatic cancer which comprises administering to a patient in need of such treatment a therapeutically effective amount of a topoisomerase inhibitor, or a pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, and a therapeutically effective amount of thalidomide, or a pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof.

3. (Original) The method of claim 1 or 2 wherein the cancer is cancer of the head, neck, eye, mouth, throat, esophagus, chest, bone, lung, colon, rectum, stomach, prostate, breast, ovaries, kidney, liver, pancreas, and brain.

4. (Original) The method of claim 3 wherein the cancer is colon or rectal cancer.

5. (Previously presented) The method of claim 1 or 2 wherein the topoisomerase inhibitor is selected from the group consisting of camptothecin, irinotecan, SN-38, topotecan, 9-aminocamptothecin, GG-211, DX-8951f, saintopin, UCE6, UCE1022, TAN-1518A, TAN-1518B, KT6006, KT6528, ED-110, NB-506, ED-110, NB-506, rebeccamycin, bulgarein, Hoescht dye 33342, Hoechst dye 33258, nitidine, fagaronine, epiberberine, coralyne, beta-lapachone, BC-4-1, IST-622, rubitecan, pyrazoloacridine, XR-5000, and pharmaceutically acceptable prodrugs, salts, solvates, clathrates, hydrates, and metabolites thereof.

6. (Original) The method of claim 1 wherein the topoisomerase inhibitor is not irinotecan.

7. (Original) The method of claim 5 wherein the topoisomerase inhibitor is irinotecan or SN-38.

8. (Original) The method of claim 7 wherein the irinotecan or SN-38, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 1 to about 1000 mg/m^2, and the thalidomide, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 1 to about 2000 mg.

9. (Original) The method of claim 8 wherein the irinotecan or SN-38, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 25 to about 750 mg/m^2, and the thalidomide, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 50 to about 1000 mg.

10. (Original) The method of claim 9 wherein the irinotecan or SN-38, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 50 to about 500 mg/m^2, and the thalidomide, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 100 to about 750 mg.

11. (Original) The method of claim 10 wherein the irinotecan or SN-38, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 100 to about 350 mg/m^2, and the thalidomide, or pharmaceutically acceptable prodrug, salt, solvate, hydrate, or clathrate thereof, is administered in an amount of from about 200 to about 500 mg.

12-60. (Canceled)

61. (New) The method of claim 1 or 2, wherein thalidomide is administered.

62. (New) The method of claim 1 or 2, wherein the thalidomide salt or solvate is administered.